



August 2005

5 Easy Steps to Complete  
Your Open Enrollment On-line!

Log in to your  
MI HR Self-Service account at  
[www.michigan.gov/selfserv](http://www.michigan.gov/selfserv)  
and click the  
“Open Enrollment” button.

See Page 9 for more details.

# 2005 - 2006 Insurance Open Enrollment



## Open Enrollment Begins August 15, 2005!

The Open Enrollment period for State-Sponsored Group Insurance plans will be conducted from **August 15 through August 31, 2005.**

The effective date for new enrollments and any changes will be October 9, 2005.

The annual Open Enrollment period is your opportunity to review your current enrollments and make any necessary changes. Changes can

only be made during open enrollment or within 31 days of a life event.

**Your benefits will remain the same for the 2005-2006 fiscal year if no changes are made.**

Eligible employees can enroll or change their current enrollments in the health, dental, vision, life insurance and/or long-term disability plans. Employees can also review their current enrollments to add eligible dependents or remove ineligible dependents.

### ***Important!***

Please carefully review current dependent enrollment information to be sure your enrolled dependents meet eligibility criteria (see Page 10).

**If you do not need to add/remove a dependent and you want to keep your current benefits, you do not need to do anything. Your coverage will remain the same for the 2005-2006 fiscal year.**

### **Inside this issue:**

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### **Need Help?**



If you have open enrollment questions, do not have access to the Internet, or need assistance, please contact the MI HR Service Center toll free at **(877) 766-6447**.

Customer Service Representatives are available 7:00 a.m. to 6:00 p.m., Monday through Friday.



### Employee Benefits Website

[www.michigan.gov/mdcs](http://www.michigan.gov/mdcs)

### MI HR Self-Service & MI HR Information

[www.michigan.gov/selfserv](http://www.michigan.gov/selfserv)

### MI HR Service Center

(877) 766-6447



## Open Enrollment Information Available On-Line

All open enrollment information is available on the Internet on the Employee Benefits Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

You can also view open enrollment information that is tailored to you and your employment situation by logging in to your MI HR Information account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click the blue crayon entitled "Log into MI HR Information".

MI HR Information provides easy access to insurance rates, benefit comparison charts, benefit booklets, beneficiary forms,

health provider Websites, mailing addresses and phone numbers.

Once logged in, check out the Hot Topics area or click "My Benefits Enrollment" from the left menu, then click the "Open Enrollment" link.

The HIPAA Notice of Privacy Practices for the benefits plans is available under the Employee Benefits section of the Department of Civil Service Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). You may also contact the Employee Benefits Division at (800) 505-5011.

- *For detailed Open Enrollment information, go to [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click "Employee Benefits" from the left menu then select "Open Enrollment Information" from the left menu.*
- *To view insurance rates, see Pages 12-15 in this brochure or go on-line at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click "Employee Benefits" from the left menu then select "Insurance Rates" from the left menu links that appear.*

## Your Open Enrollment Checklist

- ☐ Review my current benefits.
- ☐ Review plan changes and plan rates outlined in this brochure.
- ☐ Review FY 2005-2006 benefit options.
- ☐ Review and update dependent coverage to avoid any penalties.
- ☐ Complete open enrollment on-line in MI HR Self-Service  
**OR** contact the MI HR Service Center for open enrollment assistance.
- ☐ Print and retain my confirmation statement.
- ☐ Mail or fax my dependent proof of eligibility documentation to the MI HR Service Center by October 3, 2005, if adding new dependent(s).
- ☐ Review my October 20, 2005 payroll earnings statement to check my changes.

## Benefit Changes for Non-Exclusively Represented Employees (NERE) (Including Judicial Employees)

Effective Date	Changes for FY 2005-2006
<b>State Health Plan PPO</b>	
April 1, 2005	The Coordinated Care Management Program has been integrated into a disease management program, currently known as Blue Health Connection.
April 1, 2005	Durable Medical Equipment (DME) and Prosthetic and Orthotic (P&O) appliances within the network are covered at 100% with no deductible while out-of-network service is covered at 80% after deductible.
October 1, 2005	The Chiropractic Spinal Manipulation benefit will change from the current reimbursement of 90% after deductible to a reimbursement of 100% after \$10 co-pay for in-network service and 90% reimbursement after deductible for out-of-network service.
October 1, 2005	Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.
January 1, 2006	The annual visit limitation for Physical, Occupational, and Speech Therapy will be increased from 60 to 90 visits.
January 1, 2006	The Preventive Service Annual Maximum will be increased from \$750 to \$1,500. Childhood immunizations and colonoscopy exams are excluded from the maximum limit.
<b>State Dental Plan</b>	
October 1, 2005	Brush Biopsy coverage has been added to the State Dental Plan. This is a supplemental diagnostic test that detects oral cancer during its earliest stages.
<b>Long Term Disability (LTD)</b>	
October 1, 2005	The eligibility period for Long Term Disability (LTD) Plan II claimants who remain totally disabled is reduced from age 70 to age 65, or for a period of 12 months, whichever is greater.
October 1, 2005	The benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time a claimant is eligible.



**Focus on a healthier lifestyle with Michigan Steps Up!**

**To find out more go to:**

**[www.michigan.gov/surgeongeneral](http://www.michigan.gov/surgeongeneral)**



**Michigan Steps Up**

## Benefit Changes for Employees Represented by UAW (Human Services and Administrative Support Units)



Work to stay healthy and stay safe. The best way to hold down health plan expenses is to avoid accidents and avoidable health problems.

Effective Date	Changes for FY 2005-2006
<b>State Health Plan PPO</b>	
April 1, 2005	The Coordinated Care Management Program has been integrated into a disease management program, currently known as Blue Health Connection.
April 1, 2005	Durable Medical Equipment (DME) and Prosthetic and Orthotic (P&O) appliances within the network are covered at 100% with no deductible while out-of-network service is covered at 80% after deductible.
October 1, 2005 Pilot	The Chiropractic Spinal Manipulation benefit will change from the current reimbursement of 90% after deductible to a reimbursement of 100% after a \$10 co-pay for in-network service and 90% reimbursement after deductible for out-of-network service.
October 1, 2005	Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.
October 1, 2005 Pilot	The prescription drug program will promote the use of generic drugs. Prescription medications on the maintenance drug list (MDL) used on a long term basis will be available only through mail order home delivery per the terms of the contract.
January 1, 2006	The annual visit limitation for Physical, Occupational, and Speech Therapy will be increased from 60 to 90 visits.
January 1, 2006	The Preventive Service Annual Maximum will be increased from \$750 to \$1,500. Childhood immunizations and colonoscopy exams are excluded from the maximum limit.
<b>State Dental Plan</b>	
October 1, 2005	Brush Biopsy coverage has been added to the State Dental Plan. This is a supplemental diagnostic test that detects oral cancer during its earliest stages.



A good resource for health club discounts and general information on exercise is **Working On Wellness (WOW)**, a State of Michigan Website devoted to providing fitness and nutrition information to State employees.

For more information, go to [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click Employee Benefits, then the Employee Health & Wellness link from the left menu.

## Benefit Changes for Employees Represented by AFSCME (Institutional Unit)

Effective Date	Changes for FY 2005-2006
<b>State Health Plan PPO</b>	
April 1, 2005	The Coordinated Care Management Program has been integrated into a disease management program, currently known as Blue Health Connection.
April 1, 2005	Durable Medical Equipment (DME) and Prosthetic and Orthotic (P&O) appliances within the network are covered at 100% with no deductible while out-of-network service is covered at 80% after deductible.
October 1, 2005	Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.
October 1, 2005	The Chiropractic Spinal Manipulation benefit will change from the current reimbursement of 90% after deductible to a reimbursement of 100% after a \$10 co-pay for in-network service and 90% reimbursement after deductible for out-of-network service.
January 1, 2006	The annual visit limitation for Physical, Occupational, and Speech Therapy will be increased from 60 to 90 visits.
January 1, 2006	The Preventive Service Annual Maximum will be increased from \$750 to \$1,500. Childhood immunizations and colonoscopy exams are excluded from the maximum limit.
<b>State Dental Plan</b>	
October 1, 2005	Brush Biopsy coverage has been added to the State Dental Plan. This is a supplemental diagnostic test that detects oral cancer during its earliest stages.
<b>Long Term Disability (LTD)</b>	
October 1, 2005	The eligibility period for Long Term Disability (LTD) Plan II claimants who remain totally disabled is reduced from age 70 to age 65, or for a period of 12 months, whichever is greater.
October 1, 2005	The benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time a claimant is eligible.



Ask if generic or non-prescription drugs would work as well as a higher-priced brand name prescription drug.



## Benefit Changes for Employees Represented by SEIU Local 517M (Including HSS, S&E, and Technical Units)

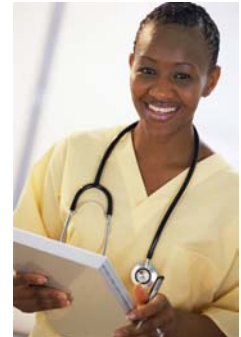


*Eat well, wear  
seatbelts,  
exercise, don't  
use tobacco, and  
avoid unsafe  
activities.*



Effective Date	Changes
<b>State Health Plan PPO</b>	
April 1, 2005	The Coordinated Care Management Program has been integrated into a disease management program, currently known as Blue Health Connection.
April 1, 2005 Pilot	Durable Medical Equipment (DME) and Prosthetic and Orthotic (P&O) appliances within the network are covered at 100% with no deductible while out-of-network service is covered at 80% after deductible.
October 1, 2005	Prescription co-pays will change to a 3-tier plan—\$7 for generic drugs, \$15 for preferred brand name drugs, and \$30 for non-preferred brand name drugs.
October 1, 2005	Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.
October 1, 2005 Pilot	The Chiropractic Spinal Manipulation benefit will change from the current reimbursement of 90% after deductible to a reimbursement of 100% after a \$10 co-pay for in-network service and 90% reimbursement after deductible for out-of-network service.
January 1, 2006	The annual visit limitation for Physical, Occupational, and Speech Therapy will be increased from 60 to 90 visits.
January 1, 2006	The Preventive Service Annual Maximum will be increased from \$750 to \$1,500. Childhood immunizations and colonoscopy exams are excluded from the maximum limit.
<b>State Dental Plan</b>	
October 1, 2005	Brush Biopsy coverage has been added to the State Dental Plan. This is a supplemental diagnostic test that detects oral cancer during its earliest stages.
<b>Long Term Disability (LTD)</b>	
October 1, 2005	The eligibility period for Long Term Disability (LTD) Plan II claimants who remain totally disabled is reduced from age 70 to age 65, or for a period of 12 months, whichever is greater.
October 1, 2005	The benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time a claimant is eligible.

## Benefit Changes for Employees Represented by MCO (Security Unit)



Effective Date	Changes for FY 2005-2006
<b>State Health Plan PPO</b>	
April 1, 2005	The Coordinated Care Management Program has been integrated into a disease management program, currently known as Blue Health Connection.
April 1, 2005	Durable Medical Equipment (DME) and Prosthetic and Orthotic (P&O) appliances within the network are covered at 100% with no deductible while out-of-network service is covered at 80% after deductible.
October 1, 2005	Prescription co-pays will change to a 3-tier plan—\$7 for generic drugs, \$15 for preferred brand name drugs, and \$30 for non-preferred brand name drugs.
October 1, 2005	Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.
January 1, 2006	The annual visit limitation for Physical, Occupational, and Speech Therapy will be increased from 60 to 90 visits.
January 1, 2006	The Preventive Service Annual Maximum will be increased from \$750 to \$1,500. Childhood immunizations and colonoscopy exams are excluded from the maximum limit.
<b>State Dental Plan</b>	
October 1, 2005	Brush Biopsy coverage has been added to the State Dental Plan. This is a supplemental diagnostic test that detects oral cancer during its earliest stages.
<b>Long Term Disability (LTD)</b>	
October 1, 2005	The eligibility period for Long Term Disability (LTD) Plan II claimants who remain totally disabled is reduced from age 70 to age 65, or for a period of 12 months, whichever is greater.
October 1, 2005	The benefit period for “mental/nervous” claims is limited to 24 months from the beginning of the time a claimant is eligible.



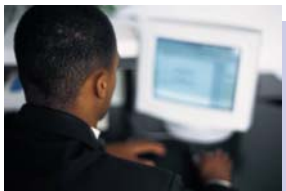
## Benefit Changes for Employees Represented by MSEA (Regulatory and Labor and Trades Units)

Effective Date	Changes for FY 2005-2006
<b>State Health Plan PPO</b>	
April 1, 2005	The Coordinated Care Management Program has been integrated into a disease management program, currently known as Blue Health Connection.
April 1, 2005	Durable Medical Equipment (DME) and Prosthetic and Orthotic (P&O) appliances within the network are covered at 100% with no deductible while out-of-network service is covered at 80% after deductible.
October 1, 2005	The Chiropractic Spinal Manipulation benefit will change from the current reimbursement of 90% after deductible to a reimbursement of 100% after a \$10 co-pay for in-network service and 90% reimbursement after deductible for out-of-network service, up to 36 visits per year.
October 1, 2005	Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.
October 1, 2005	The Hearing Care benefit will be available once every 24 months.
October 1, 2005	Laser Eye Surgery shall be a covered benefit with a \$755 lifetime limit.
October 1, 2005	Smoking cessation product coverage will be expanded.
January 1, 2006	The annual visit limitation for Physical, Occupational, and Speech Therapy will be increased from 60 to 90 visits.
January 1, 2006	The Preventive Service Annual Maximum will be increased from \$750 to \$1,500. Childhood immunizations and colonoscopy exams are excluded from the maximum limit.
<b>State Dental Plan</b>	
October 1, 2005	Brush Biopsy coverage has been added to the State Dental Plan. This is a supplemental diagnostic test that detects oral cancer during its earliest stages.
<b>Accidental Death Insurance</b>	
October 1, 2005	The benefits for Accidental Duty Death will increase from \$100,000 to \$150,000.
<b>Long Term Disability (LTD)</b>	
October 1, 2005	The eligibility period for Long Term Disability (LTD) Plan II claimants who remain totally disabled is reduced from age 70 to age 65, or for a period of 12 months, whichever is
October 1, 2005	The benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time a claimant is eligible.

## Completing Open Enrollment in MI HR Self-Service

All Open Enrollment changes must be entered in your MI HR Self-Service account.

Access to your account is available seven days a week via the Internet/intranet, except during regular scheduled maintenance. The maintenance schedule is available to view on the MI HR Gateway page at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv).



If you have lost or forgotten your MI HR Self-Service password, you can reset it at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) by selecting the "Password Help" link, or email [Self-Serv-Support@michigan.gov](mailto:Self-Serv-Support@michigan.gov).

If you do not have access to a computer, contact the MI HR Service Center at (877) 766-6447 to enroll by telephone, Monday through Friday from 7:00 a.m. to 6:00 p.m.

**Log in to your MI HR Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click the "Self-Service Account" link. At the Welcome Page, click the "Open Enrollment" button at the top of your screen.**

Follow steps 1 through 5 below to complete your open enrollment.

### Step 1: Review Your Current Benefits

Click the "Review Current Benefits" link from the left menu. **If you do not need to add/remove a dependent and want to keep your current benefits, you do not need to complete open enrollment. Your benefits will remain the same for the 2005-2006 fiscal year.**

### Step 2: Review Plan Changes & Your FY 2005-2006 Benefit Options

Review plan changes outlined in this brochure.

Review your benefit options at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs) or click "Review Benefit Options" from the left menu.

### Step 3: Review/Add Dependents

If you do not have any dependents (spouse or children), skip to Step 4.

To view and/or add dependent information, click the "Review/Add Dependents" link from the left menu. New dependents can be added through your MI HR Self-Service account. Once the new dependent information has been added, proceed to Step 4 for the enrollment process. If you add new dependents to your insurance coverage, you must send proof of dependent eligibility (see Page 11) to the MI HR Service Center by October 3, 2005 for the enrollment to be valid. If a dependent no longer meets the definition of an eligible dependent (see Page 10), they must be removed from your insurance coverage.

Adding or removing dependents could require a coverage option change. Coverage option changes can be made during the benefit selection process by clicking on "Change the Coverage" in your MI HR Self-Service account.

### Step 4: Make Your Benefit Selections

If you are adding or removing dependents from your insurance coverage, you must make all necessary changes to dependent information *before* making your benefit selections (see Step 3). Click the "Make Benefit Selections" link from the left menu.

To conclude the enrollment process, you will be prompted to print a confirmation statement. You must select either "Yes" or "No" and receive the "Your enrollment has been successful" message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Please note that this will be the only confirmation statement you will receive. The effective date for new enrollments and any changes will be October 9, 2005.

### Step 5: Mail or Fax Documents to The MI HR Service Center

If you add new dependents to your insurance coverage, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by October 3, 2005 for the enrollment to be valid. See Page 11 for a list of valid documents or click the "Submit Documentation" link from the left menu. Please note that documents will not be returned.

## Dependent Eligibility Guidelines

### Dependent Coverage

Eligible dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible:

- Your child by birth, legal adoption or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child for whom you have physical custody (i.e., the step-child lives with you at least 50% of the time as stated in a current divorce decree) and for whom you provide at least 50% of their support.
- Foster child placed in your home by a state agency or the court.
- Your child from the age of 19 until the age of 25 who is enrolled in an accredited educational institution and for whom you provide at least 50% of his or her support.

### Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance.

If your enrolled dependent is an incapacitated child, your coverage for this child will continue beyond age 19 as long as:

- he or she became incapacitated before age 19,
- documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- the child continues to be incapacitated, and
- your coverage does not terminate for any other reason.

To ensure uninterrupted coverage for your incapacitated child, you must apply for continuation within 31 days after the child turns 19. To apply for continuation coverage, contact the Employee Benefits Division at (517) 373-7977 or (800) 505-5011.

### Dependent Exclusions

You cannot claim a dependent on your coverage if he or she is:

- In the Armed Forces (Individuals who are called to active military duty are eligible for coverage under TRICARE effective with the date of active duty orders).
- Already covered on another State of Michigan Health Plan. No person can be covered on more than one State of Michigan Health Plan. If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

### Dual Eligibility

If you and your spouse are both covered by State Health Plans (retiree or active, including State-sponsored HMO options), you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

### Dependent Life Insurance

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support, and are not required to be enrolled in school.

### Canceling Dependent Coverage

You must contact the MI HR Service Center to cancel your dependent coverage when they no longer meet the definition of an eligible dependent. You must immediately notify the MI HR Service Center if you divorce. Ex-spouses are not eligible for coverage.

If you have any questions regarding eligibility of your dependents, please contact the MI HR Service Center at:

**(877) 766-6447**

## Required Documentation for Dependents

The documents listed below can be used to prove dependent eligibility for insurance coverage. Documentation must be mailed or faxed to the MI HR Service Center by October 3, 2005. Please note that documents will not be returned.

### A. Required Documentation for Children Ages Birth Until 19

Specific Circumstance	Required Documentation
Biological child	Copy of official birth certificate (not hospital birth certificate).
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement.
Employee has legal guardianship	Copy of guardianship papers.
Employee's minor child has a baby	Copy of official birth certificate (not hospital birth certificate).
Employee has foster child	Court document placing the child in the employee's home for foster care.
Employee has step-child	Copy of official birth certificate (not hospital birth certificate) and copy of the most current divorce decree of the employee's spouse stamped by the court. The first and last pages and any language about custody are required.

### B. Required Documentation for Children Ages 19 Until 25

Specific Circumstance	Required Documentation
Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support, and is a student who regularly attends an accredited school. School verification is not required for dependent life insurance.	The required documentation outlined in Section A, <b>and</b> a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, <b>and</b> school registration or other records proving school attendance.  * Forms are available at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>
In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support. School verification is not required for dependent life insurance.	The required documentation outlined in Section A, <b>and</b> a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, <b>and</b> a copy of school registration or other records proving school attendance.  * Forms are available at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>

### C. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate.
Removing ex-spouse, dependent/step-children due to a divorce	Copy of the divorce decree stamped by the court.
Deleting dependent coverage due to death	Copy of death certificate.
Dependent Life Insurance Coverage only	Copy of official birth certificate (not hospital birth certificate).

**Department of Civil Service, Employee Benefits Division  
FY 2005-2006 GROUP INSURANCE PREMIUM RATES  
(Effective October 9, 2005)**

PLAN NAME/CODE		BIWEEKLY		BIWEEKLY *1	
				Part time employees	
	Option *2	Employee	State	Employee	State
	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
State Health Plan PPO	1	\$ 10.45	\$ 198.54	\$ 104.50	\$ 104.50
	2	\$ 20.90	\$ 397.09	\$ 208.99	\$ 208.99
	3	\$ 18.39	\$ 349.43	\$ 183.91	\$ 183.91
	4	\$ 28.84	\$ 547.97	\$ 288.41	\$ 288.41
Employee or Spouse	5	\$ -	\$ 198.54	\$ -	\$ -
with Medicare	6	\$ -	\$ 397.09	\$ -	\$ -
(State pays 100%)	7	\$ -	\$ 349.43	\$ -	\$ -
	8	\$ -	\$ 547.97	\$ -	\$ -
Catastrophic Health Plan *3	1	\$ -	\$ 15.81	\$ 7.91	\$ 7.91
(State pays 100%)	2	\$ -	\$ 31.62	\$ 15.81	\$ 15.81
	3	\$ -	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ -	\$ 31.62	\$ 15.81	\$ 15.81
Decline Health Insurance Coverage *4	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
BCN MidMichigan	1	\$ -	\$ 178.54	\$ 89.27	\$ 89.27
	2	\$ -	\$ 357.08	\$ 178.54	\$ 178.54
	3	\$ -	\$ 314.23	\$ 157.12	\$ 157.12
	4	\$ -	\$ 492.78	\$ 246.39	\$ 246.39
BCN of East Michigan	1	\$ -	\$ 178.28	\$ 89.14	\$ 89.14
	2	\$ -	\$ 356.57	\$ 178.28	\$ 178.28
	3	\$ -	\$ 313.78	\$ 156.89	\$ 156.89
	4	\$ -	\$ 492.06	\$ 246.03	\$ 246.03
BCN Great Lakes West	1	\$ -	\$ 178.44	\$ 89.22	\$ 89.22
	2	\$ -	\$ 356.88	\$ 178.44	\$ 178.44
	3	\$ -	\$ 314.05	\$ 157.03	\$ 157.03
	4	\$ -	\$ 492.49	\$ 246.24	\$ 246.24
BCN of SE Michigan	1	\$ -	\$ 174.02	\$ 87.01	\$ 87.01
	2	\$ -	\$ 348.05	\$ 174.02	\$ 174.02
	3	\$ -	\$ 306.28	\$ 153.14	\$ 153.14
	4	\$ -	\$ 480.30	\$ 240.15	\$ 240.15
Care Choices	1	\$ -	\$ 178.90	\$ 89.45	\$ 89.45
	2	\$ -	\$ 357.80	\$ 178.90	\$ 178.90
	3	\$ -	\$ 314.86	\$ 157.43	\$ 157.43
	4	\$ -	\$ 493.76	\$ 246.88	\$ 246.88
Grand Valley Health Plan *5	1	\$ -	\$ 169.74	\$ 84.87	\$ 84.87
	2	\$ -	\$ 339.49	\$ 169.74	\$ 169.74
	3	\$ -	\$ 298.75	\$ 149.37	\$ 149.37
	4	\$ -	\$ 468.49	\$ 234.25	\$ 234.25
Health Alliance Plan	1	\$ -	\$ 167.67	\$ 83.83	\$ 83.83
	2	\$ -	\$ 335.34	\$ 167.67	\$ 167.67
	3	\$ -	\$ 295.10	\$ 147.55	\$ 147.55
	4	\$ -	\$ 462.77	\$ 231.39	\$ 231.39
HealthPlus of Michigan	1	\$ -	\$ 185.44	\$ 92.72	\$ 92.72
	2	\$ -	\$ 370.88	\$ 185.44	\$ 185.44
	3	\$ -	\$ 326.38	\$ 163.19	\$ 163.19
	4	\$ -	\$ 511.82	\$ 255.91	\$ 255.91

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health, dental and vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*3 Enrollees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning October 20, 2005.

\*4 Employees who opt out of health or dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health or Preventive Dental Plan.

\*5 This HMO is not authorized to accept employees in bargaining units W22 and W41 as new members. However, employees who are already enrolled may remain enrolled.

**Department of Civil Service, Employee Benefits Division  
FY 2005-2006 GROUP INSURANCE PREMIUM RATES  
(Effective October 9, 2005)**

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
<b>M-Care HMO</b>	1	\$ -	\$ 170.81	\$ 85.40	\$ 85.40
	2	\$ -	\$ 341.62	\$ 170.81	\$ 170.81
	3	\$ -	\$ 300.62	\$ 150.31	\$ 150.31
	4	\$ -	\$ 471.43	\$ 235.71	\$ 235.71
<b>Physicians Health Plan (Lansing)</b>	1	\$ -	\$ 185.40	\$ 92.70	\$ 92.70
	2	\$ -	\$ 369.33	\$ 184.66	\$ 184.66
	3	\$ -	\$ 324.68	\$ 162.34	\$ 162.34
	4	\$ -	\$ 509.41	\$ 254.71	\$ 254.71
<b>Physicians Health Plan (Jackson) *3</b>	1	\$ -	\$ 183.18	\$ 91.59	\$ 91.59
	2	\$ -	\$ 366.34	\$ 183.17	\$ 183.17
	3	\$ -	\$ 322.38	\$ 161.19	\$ 161.19
	4	\$ -	\$ 505.56	\$ 252.78	\$ 252.78
<b>Priority Health Plan</b>	1	\$ -	\$ 177.73	\$ 88.87	\$ 88.87
	2	\$ -	\$ 355.48	\$ 177.74	\$ 177.74
	3	\$ -	\$ 312.81	\$ 156.40	\$ 156.40
	4	\$ -	\$ 490.57	\$ 245.28	\$ 245.28
<b>Total Health Care *4</b>	1	\$ -	\$ 123.76	\$ 61.88	\$ 61.88
	2	\$ -	\$ 247.52	\$ 123.76	\$ 123.76
	3	\$ -	\$ 217.82	\$ 108.91	\$ 108.91
	4	\$ -	\$ 341.58	\$ 170.79	\$ 170.79
<b>VISION PLANS</b>					
<b>State Vision Plan</b>	1	\$ -	\$ 2.80	\$ 1.40	\$ 1.40
(State pays 100%)	2	\$ -	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ -	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ -	\$ 8.16	\$ 4.08	\$ 4.08
<b>Decline Vision Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>DENTAL PLANS</b>					
<b>State Dental Plan</b>	1	\$ .85	\$ 16.19	\$ 8.52	\$ 8.52
	2	\$ 1.56	\$ 29.55	\$ 15.55	\$ 15.55
	3	\$ 1.89	\$ 35.99	\$ 18.94	\$ 18.94
	4	\$ 2.59	\$ 49.29	\$ 25.94	\$ 25.94
<b>Preventive Dental Plan *5</b>	1	\$ -	\$ 2.99	\$ 1.50	\$ 1.50
(State pays 100%)	2	\$ -	\$ 5.21	\$ 2.61	\$ 2.61
	3	\$ -	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ -	\$ 7.42	\$ 3.71	\$ 3.71
<b>Midwest Dental</b>	1	\$ -	\$ 15.99	\$ 8.00	\$ 8.00
(DMO)	2	\$ -	\$ 15.99	\$ 8.00	\$ 8.00
(State pays 100%)	3	\$ -	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ -	\$ 15.99	\$ 8.00	\$ 8.00
<b>Decline Dental Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health, dental and vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*3 This HMO is not authorized to accept employees in bargaining unit C12 as new members. However, employees who are already enrolled may remain enrolled.

\*4 This HMO is not authorized to accept employees in bargaining units W22 and W41 as new members. However, employees who are already enrolled may remain enrolled.

\*5 Employees enrolled in the Preventive Dental Plan will receive a \$100.00 lump sum payment on November 3, 2005.

**Department of Civil Service, Employee Benefits Division  
FY 2005-2006 GROUP INSURANCE PREMIUM RATES  
(Effective October 9, 2005)**

PLAN NAME/CODE		BIWEEKLY		BIWEEKLY *1 Part time employees	
	Option	Employee	State	Employee	State
	(a)	(b)	(c)	(d)	(e)
Employee Life Options					
Employee Life Only, 2 x Salary	1	-	21¢/\$1,000	-	21¢/\$1,000
Fire/Crash Officers—51-01 only	1	-	26¢/\$1,000	-	26¢/\$1,000
Employee Life Only, 1 x Salary *2	1	-	21¢/\$1,000	-	21¢/\$1,000
Fire/Crash Officers—51-01 only *2	1	-	26¢/\$1,000	-	26¢/\$1,000
Dependents Life Options					
Sp \$ 1,500 &/or Ch \$1,000	F	\$ .20	-		
Sp \$ 5,000 &/or Ch \$2,500	G	\$ .60	-		
Sp \$10,000 &/or Ch \$5,000	H	\$ 1.20	-		
Sp \$25,000 &/or Ch \$10,000	K	\$ 4.00	-		
Child(ren) Only \$10,000	L	\$ .75	-		

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Employees enrolled in the Reduced Benefit Life Insurance Plan will receive a bi-weekly rebate beginning October 20, 2005.

Employees interested in enrolling in LTD should contact their Human Resources office for enrollment information. If you have any questions about LTD, please contact Employee Health Management at (517) 241-9090.

**Office of the State Employer, Employee Health Management  
FY 2005-2006 Bi-weekly Long Term Disability Premium Rates  
Rates per \$100 of Earnings\*  
(Effective October 9, 2005)**

PLAN NAME/CODE	Status	Employee	State
	(a)	(b)	(c)
<b>All employees except those represented by UAW</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.08	\$ .944
YIA1: 184-527 hours sick leave	Plan IIA	\$ .53	\$ .944
YIA2: 528 hours or more sick leave	Plan IIB	\$ -	\$ .944
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.74	\$ .944
<b>Employees represented by UAW</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.13	\$ .944
YIA1: 184-527 hours sick leave	Plan IIA	\$ .58	\$ .944
YIA2: 528 hours or more sick leave	Plan IIB	\$ -	\$ .944
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.79	\$ .944

**Calculation of Employee Contribution:**

Bi-weekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)

\*Benefits are subject to maximums in the LTD booklet.

## State Sponsored Group Insurance Plan Benefit Administrators

**STATE HEALTH PLAN PPO**

BCBSM State of Michigan Service Center  
800-843-4876  
[www.bcbsm.com](http://www.bcbsm.com)

**Blue Care Network, East**  
**Blue Care Network, Great Lakes West**  
**Blue Care Network, Mid-Michigan**  
**Blue Care Network, Southeast**  
800-662-6667  
[www.mibcn.com](http://www.mibcn.com)

The open enrollment hotline is 800-470-9633.  
(Available only during open enrollment period.)

**Grand Valley Health Plan\***

616-949-2410  
[www.gvhpchoosewell.com](http://www.gvhpchoosewell.com)

**HealthPlus of Michigan**

**(Flint)** 800-332-9161  
**(Saginaw)** 800-942-8816  
[www.healthplus.com](http://www.healthplus.com)

**Physicians Health Plan of Mid-Michigan (Lansing)**

517-364-8500 or 800-832-9186  
[www.phpmm.org](http://www.phpmm.org)

**Priority Health**

800-446-5674  
[www.priority-health.com](http://www.priority-health.com)

**STATE VISION PLAN**

BCBSM State of Michigan Service Center  
800-843-4876  
[www.bcbsm.com](http://www.bcbsm.com)

**DENTAL MAINTENANCE ORG. (DMO)**

Midwestern Dental Plans, Inc.  
800-544-6374  
[www.midwesterndental.com](http://www.midwesterndental.com)

**MANAGED PHARMACY/MAIL SERVICE  
PRESCRIPTION DRUG PROGRAM**

Express Scripts  
800-505-2324  
[www.express-scripts.com](http://www.express-scripts.com)

**STATE CATASTROPHIC HEALTH PLAN**

BCBSM State of Michigan Service Center  
800-843-4876  
[www.bcbsm.com](http://www.bcbsm.com)

**Care Choices Health Plan**

800-852-9780  
[www.carechoices.com](http://www.carechoices.com)

**Health Alliance Plan**

800-422-4641  
[www.hap.org](http://www.hap.org)

**M-Care**

800-658-8878 or 734-931-2211  
[www.mcare.org](http://www.mcare.org)

**Physicians Health Plan of South Michigan (Jackson)**

517-787-6865 or 800-394-7569  
[www.phpcares.com](http://www.phpcares.com)

**Total Health Care\***

313-871-2000 or 800-826-2862  
[www.totalhealthcareonline.com](http://www.totalhealthcareonline.com)

**STATE DENTAL PLAN and  
PREVENTIVE DENTAL PLAN**

Delta Dental Plan of Michigan  
800-524-0150  
[www.deltadentalmi.com](http://www.deltadentalmi.com)

**STATE LONG TERM DISABILITY (LTD) PLAN**

Broadspire Services (until 9/30/05)  
800-851-8313  
Citizens Management, Inc. (after 10/1/05)  
800-324-9901

**MENTAL HEALTH/SUBSTANCE ABUSE SERVICES**

Magellan Behavioral of Michigan  
866-503-3158  
[www.magellanassist.com](http://www.magellanassist.com)

\*This HMO is not authorized to accept UAW employees as new members. However, UAW employees who are already enrolled may remain enrolled.

## State Health Plan PPO to Issue New Insurance Cards

Blue Cross Blue Shield of Michigan is undertaking the largest effort in its history to reissue their member cards in order to comply with new laws aimed at reducing identity theft.

Blue Cross will also eliminate Social Security numbers on all external documents, such as forms sent out to members and health care providers to explain benefits.

The new cards will be sent to members between now and the end of 2005, with many members receiving their cards at their employer group's annual renewal time. An estimated 400,000 new cards will be distributed each month until all members have new cards for use by January 1, 2006.

New cards will have a unique identification number assigned by Blue Cross Blue Shield. Current Express Scripts and Magellan Mental Health identification cards will still be valid and should not be discarded.



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## MI HR Service Center

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**Toll Free: (877) 766-6447**

TDD (for the hearing impaired):  
(517) 241-8046

Fax:  
(517) 241-5892

**Mailing Address:**

Department of Civil Service  
MI HR Service Center  
P.O. Box 30002  
Lansing, MI 48909

### MI HR Self-Service & MI HR Information Website

<http://www.michigan.gov/selfserv>

### Employee Benefits Division Website

<http://www.michigan.gov/mdcs>